

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 05-10224-GAO
DEFENDANT J.C. Anderson	TYPE OF PROCESS Preliminary Order of Forfeiture
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JC Jones Anderson
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) PCCF, 26 Long Pond Road, Plymouth MA 02360, INMATE # 7362

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

Eugenia Carris, Assistant U.S. Attorney
United States Attorney's Office
John Joseph Moakley United States Courthouse
1 Courthouse Way, Suite 9200
Boston, MA 02210

Number of process to be served
with this Form - 285

Number of parties to be served
in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve the attached Preliminary Order of Forfeiture upon the above-identified individual by certified mail return receipt requested.

762025-05-0024

Signature of Attorney or other Originator requesting service on behalf of:

Eugenia Carris

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(617) 748-3100

DATE

January 18, 2007

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above) Bureau of ATF Asset Forfeiture / Seized Property Branch 650 Massachusetts Ave., NW Techworld, Suite 710 Washington, DC 20226				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Date of Service 2/1/07				Time 10:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Signature of U.S. Marshal or Deputy					
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or Amount or Refund

REMARKS:

See Atch Receipt 2/8/07

PRIOR EDITIONS MAY
BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD ☐ NOTICE OF SERVICE ☐ BILLING STATEMENT ☐ ACKNOWLEDGMENT OF RECEIPT

SENDER COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JC Jones Anderson
PCCF, 26 Long Pond Rd.
Plymouth, MA 02360
Inmate # 7362

2. Article Number

(Transfer from service label)

7004 2510 0003 7161 5170

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

762025-0810024 USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

8.735

Sent To

JC Jones Anderson
Street, Apt. No.
or PO Box No. PCCF, 26 Long Pond Rd.

City, State, ZIP+4

Plymouth, MA 02360 Inmate # 7362

PS Form 3800, June 2002

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAILTM



7004 2510 0003 7161 5170
7004 2510 0003 7161 5170